

Mail completed forms to:
Wisconsin Medicaid
PA Unit
6406 Bridge Rd
Madison WI 53784-0088

PA/JCA
Prior Authorization
"J" Code Attachment

1. Complete the PA/JCA
2. Attach to the Prior Authorization Request Form (PA/RF)
3. Mail to Wisconsin Medicaid

Recipient Information

①	②	③	④	⑤
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	M.I.	Identification Number	Age

Section A - Drug Order Information

Drug Name _____ Strength _____

National Drug Code (NDC) _____ HCPCS "J" Code _____

Quantity Ordered _____ Date order issued _____

Daily Dose _____

Prescriber Name _____ DEA Number _____

"Brand Medically Necessary": ☐ Yes ☐ No

Section B - Clinical Information (*Attach another sheet if additional room is needed.*)

List the recipient's condition the prescribed drug is intended to treat. Include ICD-9-CM diagnosis codes and the expected length of need.

If requesting a renewal or continuation of a previous prior authorization approval, indicate any changes to the clinical condition, progress, or known results to-date.

Use (check one)

- ☐ Compendium standards, such as the USP-DI or drug package insert, lists the intended use identified above as an accepted or as a [bracketed] indication.
- ☐ The intended use identified above is *not* listed in compendium standards. Peer reviewed clinical literature is attached.

Dose (check one)

- ☐ The daily dose and duration are within compendium standards general prescribing or dosing limits for the indicated use.
- ☐ The daily dose and duration are *not* within compendium standards general prescribing or dosing limits for the intended use. Attach peer reviewed literature which indicates this dose is appropriate or document the medical necessity of this dosing difference.

Signature _____ Date _____

The prescriber must review the information and sign and date this form.

Check the appropriate box:

Please notify me of approval/denial by: ☐ Fax # _____ ☐ Telephone # _____ ☐ No special notice needed